

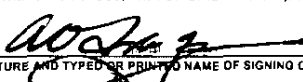


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2007 APR 25 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | | | |
|--|--|---|---|---|--|
| DOCUMENT # P96000095786 1. Entity Name FRAGA FAMILY CORP. | | | |  | |
| Principal Place of Business 2299 SW 37TH AVE 4TH FLOOR MIAMI, FL 33145 | | | Mailing Address 2299 SW 37TH AVE 4TH FLOOR MIAMI, FL 33145 | | |
| 2. Principal Place of Business - No P.O. Box # 2665 S. Bayshore Dr. Suite, Apt. #, etc. Suite # 302 City & State Coconut Grove, FL Zip 33133 Country USA | | 3. Mailing Address 2665 S. Bayshore Dr. Suite, Apt. #, etc. Suite # 302 City & State Coconut Grove, FL Zip 33133 Country USA | |  | |
| 4. FEI Number 65-0730625 | | Applied For <input type="checkbox"/> Not Applicable | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | 01182007 Chg-P CR2E034 (12/06) | |
| 6. Name and Address of Current Registered Agent MURAI, WALD, BIONDO, MORENO & BROCHIN P.A. TWO ALHAMBRA PLAZA SUITE PH 1B CORAL GABLES, FL 33134 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when registering) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FRAGA, ANTONMIO O 2299 DOUGLAS ROAD, 4TH FLOOR MIAMI, FL 33145 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Fraga, Antonio O 2665 S. Bayshore Dr. Suite #302 Coconut Grove, FL 33133 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE:  | | | 4/9/07 (305)860-2300 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |